

**Division of Mental Health & Substance Abuse Services  
Driving Under the Influence (DUI) Training & Certification**

EKU - Perkins 202  
521 Lancaster Avenue  
Richmond, Kentucky 40475-3102  
(859) 622-1227 FAX (859) 622-3084

**DUI ASSESSOR CERTIFICATION APPLICATION**

**Part I Personal Information**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (this is the address to which certification results will be mailed):

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Agency/Program: \_\_\_\_\_

Name of Program Administrator: \_\_\_\_\_

Name of Clinical Services Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Part II Education and Training**

**Undergraduate**

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

College or University: \_\_\_\_\_ Minor: \_\_\_\_\_

**Graduate**

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

College or University: \_\_\_\_\_ Minor: \_\_\_\_\_

**Licenses or Certifications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part III      Employment History

*Begin with your present or most recent position. If you have moved to a different position within the same organization and your duties changed, then describe that position separately.*

Employed      FROM: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

TO:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Title of Position: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Telephone Number: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed      FROM: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

TO:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Title of Position: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Telephone Number: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***(Note: Please copy this page for additional employment)***

#### Part IV      Credentials for Assessors

*(Please indicate the category in which you are making application to become a certified assessor and enclose the documents to support your eligibility. All applicants must provide original transcript(s), copies of licenses and certificates or letters or recognition from the board(s) issuing licenses or certificates.)*

- ☐ A certified alcohol and drug counselor (CADC) certified pursuant to KRS 309.080 to 309.089;
- ☐ A certified or licensed professional, who has completed eighty (80) hours of training in alcohol and other drug abuse counseling, within four (4) years immediately prior to assuming responsibility as an assessor in a DUI program who is one (1) of the following:
  - ☐ Physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;
  - ☐ Psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;
  - ☐ Licensed psychologist licensed to practice psychology by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.050;
  - ☐ Certified psychologist with autonomous functioning certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;
  - ☐ Certified psychologist certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;
  - ☐ Psychologist associate certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.064;
  - ☐ Licensed clinical social worker licensed for the independent practice of clinical social work by the Kentucky Board of Social Work in accordance with KRS 335.100;
  - ☐ Certified social worker certified by the Kentucky Board of Social Work in accordance with KRS 335.080;
  - ☐ Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a masters degree in nursing from an accredited college or university;
  - ☐ Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with one (1) of the following combinations of education and work experience:
    - ☐ A bachelor of science in nursing from a four (4) year program from an accredited college or university and 2000 hours of clinical work experience in the substance abuse or mental health field;
    - ☐ Diploma graduate in nursing from a three (3) year program and 4000 hours of clinical work experience in the substance abuse or mental health field; or

- ☐ Associate degree in nursing from a two (2) year program from an accredited college or university and 6000 hours of clinical work experience in the substance abuse or mental health field.
- ☐ Advanced registered nurse practitioner licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314.042;
- ☐ Licensed marriage and family therapist licensed by the Kentucky Board of Licensure of Marriage and Family Therapists in accordance with KRS Chapter 335;
- ☐ Certified professional counselor certified by the Kentucky Board of Certification for Professional Counselors in accordance with the provisions of KRS Chapter 335;
- ☐ Certified professional art therapist certified by the Kentucky Board of Certification for Professional Art Therapists in accordance with the provisions of KRS 309.130;
- ☐ An individual who will meet the requirements of a licensed or certified professional established in subparagraphs 1 or 2 of this paragraph within three (3) years of the date of his certification as a DUI assessor of the effective date of this administrative regulation, whichever is later, and who has:
  - ☐ A masters degree from an accredited college or university in a program that required completion of a clinical practicum; or
  - ☐ A bachelors degree or greater from an accredited college or university, plus one (1) year full-time supervised clinical work experience in the licensed treatment program where the individual is currently employed.

#### **Part V      DUI Assessor Applicant Statement**

This is to certify that I am applying for recertification as a DUI assessor and that all information on this application and in the attached documents is true and correct. I authorize the investigation of all statements contained in this application as may be necessary to make a decision regarding eligibility for assessor recertification.

I have read administrative regulation 908 KAR 1:310 and understand that I am responsible for complying with all program requirements. I further understand and agree to comply with the following additional rules:

1. I shall administer the computerized assessment instrument approved by the Division of Substance Abuse, conduct a documented personal clinical interview in each assessment and adhere to Division of Substance Abuse guidelines related to the administration of an assessment.
2. I shall conduct assessments only in a certified DUI program and I shall not conduct an assessment for a client who has already received an assessment for his DUI.
3. I shall refer a client to the program of his choice for education or treatment and refuse to refer a client to another program if it is not in his best interest.
4. I shall not knowingly present false or misleading information to a client or misrepresent the policies or philosophies of the Division of Substance Abuse.

5. I shall not engage in unethical practices and I shall agree to abide by the following code of ethics.

**Code of Ethics**

6. A certified DUI assessor shall:
- a. Protect the welfare of a client and respect the rights of persons seeking assistance;
  - b. Not discriminate against or refuse service to an individual on the basis of race, gender, religion, national origin, disability or sexual orientation;
  - c. Not engage in a dual relationship with a client that may impair professional judgment or exploit the client;
  - d. Not continue to deliver services unless a client is benefited therapeutically;
  - e. Respect and guard the confidences of a client;
  - f. Maintain standards of professional competence and integrity and comply with all the policies and procedures of the certified DUI program where I am employed; and
  - g. Agree to protect a client's confidentiality by keeping all records, materials and knowledge concerning the client confidential and not releasing any information about the client without the written consent of the client or a court order.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Division of Substance Abuse Use Only**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Accepted

☐ Not Accepted

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DUI ASSESSOR CERTIFICATION APPLICATION *(cont.)*

Please complete the following information for our records. This information is OPTIONAL:

1. Certification or License you are seeking: \_\_\_\_\_

2. When do you expect to complete your license or certification? \_\_\_\_\_  
(Month and year)

3. Clinical Services Supervisor Name: \_\_\_\_\_  
(Please print)

4. Clinical Services Supervisor Credential(s): *(List all)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

